# Attention Deficit/Hyperactivity Disorder

*Definition:* Attention Deficit/Hyperactivity Disorder is characterized by attention skills that are developmentally inappropriate, impulsivity, and in some cases, hyperactivity. These characteristics arise in early childhood typically before the age of seven, are chronic, and last at least six months. Children with ADD/ADHD often have problems with social skills and low self esteem. ADD is a neurobiological disability.

*Incidence:* Attention Deficit Hyperactivity Disorder is estimated to affect between 3-5% of the school-age population.

- Activities
  1.) Elementary School Age
    a.) Working Under Pressure
  2.) Middle School Age
    a.) Following Directions
  3.) High School Age
    a.) How Difficult Can This Be?
- Fact Sheets on Attention Deficit Disorder
- Bibliography of Children's Literature & Audio Visual Materials
- Community Resource Numbers

***Guest Speaker Presentation Idea:*

CH.A.D.D. (Children & Adults with Attention Deficit Disorders)
Baltimore County..... 410-377-0249
Pam Bielanski.....410-780-4674

# ELEMENTARY SCHOOL

## *Working Under Pressure*

*Purpose:* To help students understand the difficulties encountered by children with Attention Deficit/Hyperactivity Disorder

*Materials:* Math worksheet that will require at least five minutes for completion, timer, pencils, cassette player, and loud rock music.

*Activity:*

Prior to this activity, have another teacher or assistant available to turn on the loud music cassette so that your class will hear it but not know where the music is coming from. Provide each student with a worksheet and tell them to wait until you tell them to begin. Explain that their completion of this worksheet will be timed and that they need to follow your directions carefully. Set the timer for 3 minutes and tell students to begin. Shortly after students begin, tell them to circle all even numbered problems on their page and to try to complete these first. At 30 to 60 second intervals, ask students if they are done and tell them that anyone who finishes early should mark their completion time on the worksheet, i.e., 2 minutes. When the timer sounds, tell students to stop working immediately and to turn over their worksheets. Ask those who did not finish to raise their hands. Express surprise and concern that not all students finished. Ask why they were not able to complete their work. After a short pause, explain that the activity was intentionally unfair and that you gave students less time to complete their work than they needed and that you kept interrupting them on purpose so that they would have trouble concentrating.

After you explain the exercise, encourage students to share how they felt while doing it. Help them to understand that some children with AD/HD have difficulty concentrating on tasks, and are easily distracted by noises or other activity around them.

# MIDDLE SCHOOL

## *Following Directions*

*Purpose:* To simulate an experience for students where they have difficulty focusing and accomplishing a task they otherwise could complete with ease.

*Materials:* Borrow "Auditory Perceptions" tape from The Resource Center for Families and Schools (410-887-5443), copies of Connect Dot to Dot worksheet for each student, pencils.

*Activity:*

Ask students what sounds they think they would hear if the room were quiet. List their answers on the chalkboard without letting the room become silent.

Have everyone be as quiet as possible for a few minutes and see how many more sounds they hear; list these sounds separately.

Explain that for some students it is impossible to screen out background noises, such as the ones that have been listed. This can be very distracting to students who are trying to learn something new or who are trying to complete an otherwise easily accomplished task.

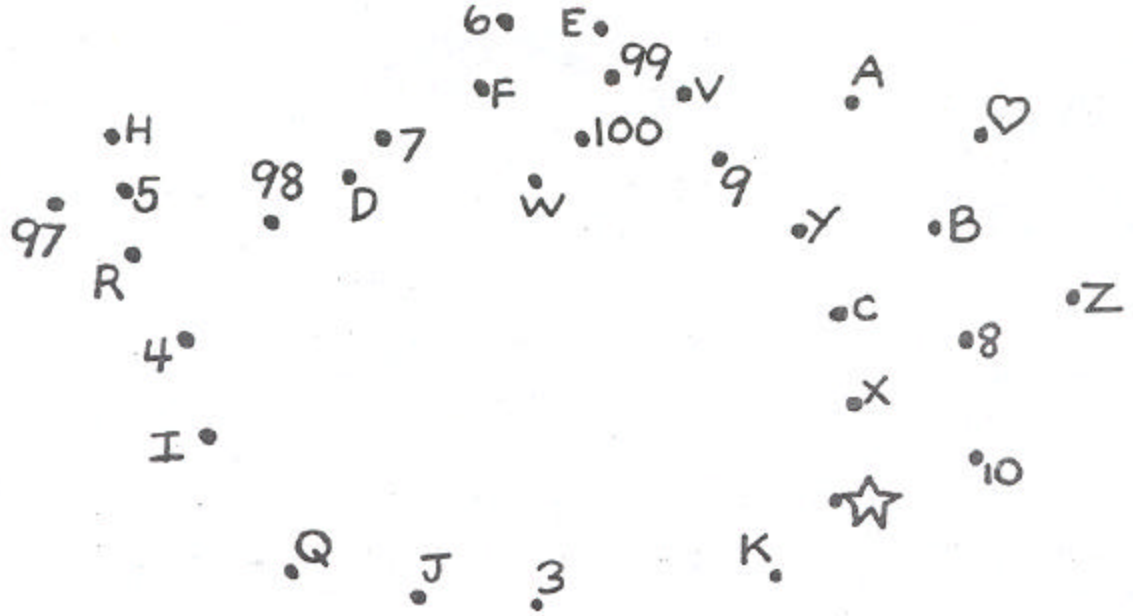
Pass out the worksheets and tell students to follow the directions on the first section of the tape to complete the connect-the-dots.

Play the second section of the tape and see if students have more success--you can use other colored pencils or have the connect-the-dots picture on both sides of the paper.

Ask students how it felt to try and complete the dot-to-dot picture the first time. If that much noise existed in your classroom everyday, how would it affect your learning? If you had this problem, what could you do to help yourself concentrate? How could someone else help you?

Reference: What if You Couldn't? An Elementary School Program About Disabilities, Selective Educational Equipment, The Children's Museum of Boston, with WGHB Boston, 1978.

# Making Connections




Connect the dots on this picture while listening to the first part of the tape. This is how a classroom might sound to someone who has trouble ignoring background noises.


Connect the dots again while listening to the second part of the tape. This is how a classroom would sound if you didn't have a listening problem.

# HIGH SCHOOL

## *How Difficult Can This Be?*

*Purpose:* To promote empathy and understanding of classmates and peers who have difficulties with learning and/or attention deficit/hyperactivity disorder.

*Materials:* Video: *How Difficult Can This Be? (The F.A.T. City Workshop)*

Order from: PBS Video
1320 Braddock Place
Alexandria, VA 22314-1698
800-424-7963

Borrow from: Baltimore County Public Library
(contact your local branch)
or
The Resource Center for Families and Schools
410-887-5443

*Activity:*

Watch this video as a class and ask students to respond to the following questions in written form or as a class discussion:

- Have they had similar classroom experiences to the ones that were simulated on the tape?
- How could a teacher modify his/her classroom presentation for students with learning, or attention deficit to succeed?
- List three ways that a classmate could help another classmate with attention deficit/hyperactivity disorder.
- Why is it important for students with ADD/ADHD to have successful learning experiences?

National Information Center
for Children and Youth
with Disabilities

NICHCY

P.O. Box 1492
Washington, D.C.
20013-1492
E-mail: nichcy@aed.org
URL: http://www.nichcy.org
1-800-695-0285 (Voice/TTY)

# Attention-Deficit/Hyperactivity Disorder

### ✧ *Definition* ✧

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a neurobiological disorder. Typically children with AD/HD have developmentally inappropriate behavior, including poor attention skills, impulsivity, and hyperactivity. These characteristics arise in early childhood, typically before age 7, are chronic, and last at least 6 months. Children with AD/HD may also experience problems in the areas of social skills and self esteem.

### ✧ *Incidence* ✧

AD/HD is estimated to affect between 3-5 % of the school-aged population. Even though the exact cause of AD/HD remains unknown, it is known that AD/HD is a neurobiologically based disorder. Scientific evidence suggests that AD/HD is genetically transmitted and in many cases results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

### ✧ *Characteristics* ✧

AD/HD is diagnosed according to certain characteristics described in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 1994), known as DSM-IV. A child with AD/HD is often described as having a short attention span and as being distractible. The child will have difficulty with one or all parts of the attention process: focusing (picking something on which to pay attention), sustaining focus (paying attention for as long as is needed), and shifting focus (moving attention from one thing to another).

According to DSM-IV (pp. 83-84),* some symptoms of inattention include:

- often fails to give close attention to details, making careless mistakes in schoolwork or other activities
- often has difficulty sustaining attention in tasks or play activities
- often appears to not be listening when spoken to directly
- often has difficulty following through on instructions; may fail to finish schoolwork, chores, or duties (not due to oppositional behavior or failure to understand instructions)
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (schoolwork and homework)
- often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- is often easily distracted by extraneous stimuli
- is often forgetful in daily activities.

According to DSM-IV (p. 84),* some symptoms of hyperactivity include:

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situations in which this is inappropriate
- often has difficulty playing or engaging in leisure activities quietly
- often is "on the go" or acts as if "driven by a motor"
- often talks excessively.

Impulsiveness with AD/HD appears when children act before thinking. According to DSM-IV (p. 84),* some symptoms of impulsivity include:

- often blurts out answers before questions have been completed
- often has difficulty awaiting turn
- often interrupts or intrudes on others (during conversations or games).

From time to time all children will be inattentive, impulsive, and overly active. In the case of AD/HD, these behaviors are the rule, not the exception.

### ✧ *Educational Implications* ✧

Planning for educational needs begins with an accurate diagnosis. Children suspected of having AD/HD must be appropriately diagnosed by a knowledgeable, well-trained clinician (usually a developmental pediatrician, child psychologist, or pediatric neurologist). Treatment

plans may include behavioral and educational interventions and sometimes medication. Parents suspecting a problem may seek the services of the local school district or an outside private professional to conduct an evaluation. For children under age five, families may want to contact early childhood programs specialized in serving the needs of youngsters with disabilities. Call the local public school system and ask about services for children with disabilities.

Many children with AD/HD experience great difficulty in school, where attention and impulse and motor control are virtual requirements for success. Children with AD/HD tend to overreact to changes in their environment. Whether at home or in school, children with AD/HD respond best in a structured, predictable environment. Here, rules and expectations are clear and consistent, and consequences are set forth ahead of time and delivered immediately. By establishing structure and routines, parents and teachers can cultivate an environment that encourages the child to control his or her behavior and succeed at learning.

Adaptations which might be helpful (but will not cure AD/HD) include:

- posting daily schedules and assignments
- calling attention to schedule changes
- setting specific times for specific tasks
- designing a quiet work space for use upon request
- providing regularly scheduled and frequent breaks
- using computerized learning activities
- teaching organization and study skills
- supplementing verbal instructions with visual instructions
- modifying test delivery.

Further information regarding helpful strategies can be found in the NICHCY's Briefing Paper Attention-Deficit/Hyperactivity Disorder.

### ✧ *Resources* ✧

Alexander-Roberts, C. (1994). *ADHD parenting handbook: Practical advice for parents from parents: Proven techniques for raising hyperactive children without losing your temper.* Dallas, TX: Taylor Publishing. (Telephone: 1-800-677-2800.)

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Fowler, M. (1992). *CH.A.D.D. educators manual: An indepth look at attention deficit disorders from an educational perspective.* Plantation, FL: CH.A.D.D. (Available from Caset Associates. Telephone: 1-800-545-5583.)

Goldstein, S., & Goldstein, M. (1992). *Hyperactivity—Why won't my child pay attention? A complete guide to ADD for parents, teachers, and community agencies.* New York: Wiley. (Telephone: 1-800-225-5945.) ISBN# 0471533076.

Wodrich, D.L. (1994). *Attention deficit hyperactivity disorder: What every parent wants to know.* Baltimore, MD: Paul H. Brookes. (Telephone: 1-800-638-3775.) Stock# 1413.

### ✧ *Organizations* ✧

CH.A.D.D. (Children and Adults with Attention-Deficit/Hyperactivity Disorder)
8181 Professional Place, Suite 201
Landover, MD 20785
(301) 306-7070
(800) 233-4050 (voice mail to request information packet)
E-mail: national@chadd.org
URL: http://www.chadd.org

National Attention Deficit Disorder Association (ADDA)
9930 Johnnycake Ridge Road, Suite 3E
Mentor, OH 44060
(440) 350-9595
(800) 487-2282 (Voice mail to request information packet)
E-mail: NatlADDA@aol.com
URL: http://www.add.org

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# Children With Attention Deficit Disorders
# ADD Fact Sheet

## Prevalence and Characteristics of ADD

Current interest in Attention Deficit Disorders (ADD*) is soaring. Magazine articles, newspaper reports, network newscasts, and television talk show hosts have found this to be a timely topic. Scientific journals report thousands of studies of ADD children and youth and ADD support groups continue to grow at an astounding rate as parents seek to learn more about this disorder in an effort to help their youngsters succeed at home and at school. Children with ADD are characterized by symptoms of inattention, impulsivity, and sometimes, hyperactivity which have an onset before age seven and which persist for at least six months. These children comprise approximately 3-5% of the school age population with boys significantly outnumbering girls.

In order to receive a diagnosis of ADD a child must exhibit at least eight of the following characteristics for a duration of at least six months with onset before age seven:

### Characteristics of ADD

1. often fidgets with hands or feet or squirm in seat (in adolescence may be limited to subjective feelings of restlessness)
2. has difficulty remaining seated when required to do so
3. is easily distracted by extraneous stimuli
4. has difficulty awaiting turns in games or group situations
5. often blurts out answers to questions before they have been completed
6. has difficulty following through on instructions from others (not due to oppositional behavior or failure of comprehension)
7. has difficulty sustaining attention in tasks or play activities
8. often shifts from one uncompleted activity to another
9. has difficulty playing quietly
10. often talks excessively
11. often interrupts or intrudes on others, e.g. butts into other children's games
12. often does not seem to listen to what is being said to him or her
13. often loses things necessary for tasks or activities at school or at home (e.g. toys, pencils, books)
14. often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill-seeking) e.g. runs into street without looking

A second diagnosis, Undifferentiated Attention Deficit Disorder, refers to those children who exhibit disturbances in which the primary characteristic is significant inattentiveness without signs of hyperactivity. Recent studies of this group of ADD children without hyperactivity indicates that they tend to show more signs of anxiety and learning problems, qualitatively different inattention, and may have different outcomes than the hyperactive group.

## Causes of ADD

There are still many unanswered questions as to the cause of ADD. Over the years the presence of ADD has been weakly associated with a variety of conditions including: prenatal and/or perinatal trauma, maturational delay, environmentally caused toxicity such as fetal alcohol syndrome or lead toxicity, and food allergies. History of such conditions may be found in some individuals with ADD, however, in most cases there is no history of any of the above.

Recently, researchers have turned their attention to altered brain biochemistry as a cause of ADD and presume differences in biochemistry may be the cause of poor regulation of attention, impulsivity and motor activity. A recent landmark study by Dr. Alan Zametkin and researchers at NIMH have traced ADD for the first time to a specific metabolic abnormality in the brain. A great deal more research has to be done to reach more definitive answers.

## Identification of ADD

The identification and diagnosis of children with ADD requires a combination of clinical judgement and objective assessment. Since there is a high rate of coexistence of ADD with other psychiatric disorders of childhood and adolescence any comprehensive assessment should include an evaluation of the individual's medical, psychological, educational and behavioral functioning. The more domains assessed the greater certainty there can be of a comprehensive, valid and reliable diagnosis. The taking of a detailed history, including medical, family, psychological, developmental social and educational factors is essential in order to establish a pattern of chronicity and pervasiveness of symptoms. Augmenting the history are the standardized parent and teacher behavioral rating scales which are essential to quantifiably assess the normality of the individual with respect to adaptive functioning in a variety of settings such as home and school Psychoeducational assessment investigating intellectual functioning and cognitive processes including reasoning skills, use of language, perception, attention, memory, and visual-motor functioning as well as academic achievement should often be performed.

## Treatment of ADD

Most experts agree that a multi-modality approach to treatment of the disorder aimed at assisting the child medically, psychologically, educationally and behavior is often needed. This requires the coordinated efforts of a team of health care professionals, educators and parents who work together to identify treatment goals, design and implement interventions and evaluate the results of their efforts.

Medications used to treat ADD are no longer limited to psychostimulants such as methylphenidate (Ritalin), dextroamphetamine (Dexedrine) and pemoline (Cylert) which have been shown to have dramatically positive effects on attention, overactivity, visual motor skills and even agresssion in 70% or more ADD children. In the past several years the

tricyclic antidepressant medications, imipramine (Tofranil), and norpramine (Desipramine), have been studied and used clinically to treat the disorder with other types of antidepressants: fluxetine, chlorimipramine and buproprion much less frequently prescribed. Clonidine (Catapress), antihypertensive, and carbamazepine (Tegretol), an anticonvulsant, have been shown to be effective for some children as well.

Ideally, treatment should also include consideration of the individual's psychological adjustment targeting problems involving self-esteem, anxiety and difficulties with family and peer interaction. Frequently family therapy is useful along with behavioral and cognitive interventions to improve behavior, attention span, and social skills. Educational interventions such as accommodations made within the regulate education classroom, compensatory educational instruction or placement in special education may be required depending upon the particular child's needs.

Outcome of ADD

ADD is an extremely stable condition with approximately eighty percent of young children diagnosed ADD also meeting criteria for an ADD diagnosis when reevaluated in adolescence. Unfortunaltey, ADD does not often occur in isolation from other psychiatric disorders and many ADD children have co-existing oppositional and conduct disorders with a smaller number (probably less than 25%) having a learning disability. Studies indicate that ADD students have a far greater likelihood of grade retention, school drop out, academic underachievement and social and emotional adjustment difficulties.

Most experts agree, however that the risk for poor outcome of ADD children and adolescents can be reduced through early identification and treatment. By recognizing the disorder early and taking the appropriate steps to assist the ADD child and family many of the negatives commonly experienced by the child can be avoided or minimized so as to protect self-esteem and avoid a chronic pattern of frustration, discouragement and failure.

While the hard facts about attentional deficits give us good reason to be concerned about ADD children, the voice of advocating parents coupled with the commitment of educated health care professionals and educators provide us with hope for the future well-being of this population of deserving youth.

## Important Points To Remember

1. ADD children make up 3 - 5% of the population. A thorough evaluation can help determine whether attentional deficits are due to ADD or to other factors.

2. Once identified, ADD children are best treated with a *multi-modal* approach. Best results are obtained when medication, behavioral management programs, educational interventions, parent training, and counseling, when needed, are used together to help the ADD child. Parents of ADD children and adolescents play the key role of coordinating these services.

3. Teachers play an essential role in helping the ADD child feel comfortable within the classroom despite their difficulties. Adjustments in classroom procedures and work demands, sensitivity to self-esteem issues, and frequent parent-teacher contact can help a great deal.

4. ADD may be a life-long disorder requiring life-long assistance. Families, and the children themselves, need continued support and understanding.

### Suggested Reading For Parents and Teachers


Barkley, Russell. *Attention Deficit Hyperactivity Disorder. Guilford Press, 1990.*

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### For Further Information About ADD contact:


CH.A.D.D.
Children With Attention Deficit Disorders
499 Northwest 70th Avenue, Suite 308
Plantation, Florida 33317
(305) 587-3700


* The terms ADD and ADHD are used synonymously in this paper.

CH.A.D.D. is a non-profit parent-based organization providing support to families of children with attention deficit disorders and information to professionals. CH.A.D.D. maintains over three hundred and twenty-five chapters nationwide to provide services for children and adolescents with ADD. To locate a chapters nearest you call our national headquarters.

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# RESOURCE ORGANIZATIONS

## State/National Resource Organizations

CHADD
499 NW 70th Avenue, Suite 101
Plantation, FL 33317
800-233-4050

Attention Deficit Disorder (ADDA)
P.O. Box 972
Mentor, OH 44601
800-487-2282

AD-IN Attention Deficit Information Network
475 Hillside Avenue
Needham, MA 02194

## Local Organization

CHADD (Children and Adults with Attention Deficit Disorder)
Towson Chapter: 410-377-0249
Essex Chapter: 410-780-4674